

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 4/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 16 AM 10:22

DOCUMENT # P94000062668 (6)

1. Corporation Name

TOP COAT INCORPORATED

Principal Place of Business

604 ENGLISH OAKS DRIVE
PORT ORANGE FL 32127

Mailing Address

604 ENGLISH OAKS DRIVE
PORT ORANGE FL 32127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/22/1994

3a. Date of Last Report

2. Principal Place of Business

21 200 Poluciana Ave.

2a. Mailing Address

26 488 Merrimac Dr.

4. FE Number

593275660

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

23 Harbor Oaks, FL

City & State

28 Port Orange, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 32127

Country

25 Volusia

Zip

29 32127

Country

30 Volusia

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

BURDEN, GEORGE D
434 N HALIFAX AVE
SUITE 1
DAYTONA BEACH FL 32118

10. Name and Address of New Registered Agent

81 Name

Michael A Pyle

82 Street Address (P.O. Box Number is Not Acceptable)

687 Beville Road, Suite A

83

84 City

South Daytona, FL

FL

85 Zip Code

32119

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

Michael A Pyle, Attorney

6/12/95

(Signature of Agent or person authorized to register agent and then a corporation)

(NOTE: Registered Agent Signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MURPHY, WILLIAM E JR
STREET ADDRESS	604 ENGLISH OAKS DRIVE
CITY, ST, ZIP	PORT ORANGE FL 32127
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	P	☒ Change ☐ Addition
2. NAME	Murphy, William E Jr.	
3. STREET ADDRESS	488 Merrimac Dr.	
4. CITY, ST, ZIP	Port Orange, FL 32127	
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

[Signature]

William E Murphy Jr

6/12/95

(904) 788-8499

(Signature and typed or printed name of signing officer or director)